

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 84
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Luke D. Vander Bleek

Mailing Address 124 E Main St

City

Morrison

State

IL

Zip Code

61270-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fitzgerald Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	20	/	2015

Transaction ID : 20150605132434-260

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Evan James Vickers

Mailing Address 91 N Main St

City

Cedar City

State

UT

Zip Code

84720-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bullochs Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	15	/	2015

Transaction ID : 20150605132434-261

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Vinson

Mailing Address 934 Adams Ave

City

Montgomery

State

AL

Zip Code

36104-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adams Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	20	/	2015

Transaction ID : 20150605132434-262

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►